

**State of Utah LABOR COMMISSION**  
**PO BOX 146610, SALT LAKE CITY, UT 84114-6610**  
**(801)530-6800 1-800-530-5090 (TDD)530-7685 FAX (801)530-6804**  
**Authorization Request for Medical Procedures / Carrier Response**

<b>P A T I E N T</b>	Last Name                      First                      Middle		Street Address, City, State, Zip	
	Social Security Number	Date of Birth	Phone Number	Date of Injury
	Employer's Name		Street Address, City, State, Zip	
		Phone Number		
<b>C A R R I E R</b>	Name		Street Address, City, State, Zip	
	Adjustor		Phone Number	Fax Number
<b>P R O V I D E R</b>	<b>PROVIDER'S INITIAL REQUEST (Level One)</b>			
	Provider's Name		Street Address, City, State, Zip	
	Degree and Specialty		Phone Number	Fax Number
	Diagnosis		Best Time to Contact Provider (Business Days)	
	Date of Verified Transmission	Requested Procedure(s) Supportive Documentation Attached If Needed		
<b>C A R R I E R</b>	<b>CARRIER'S RESPONSE (Level One)</b>			
	Date of Verified Transmission	Responsible Person	Acceptance Signature	Denial Signature (Attach Criteria Utilized)
<b>P R O V I D E R</b>	<b>PROVIDER'S REQUEST FOR CARRIER'S PHYSICIAN REVIEW (Level Two)</b>			
	Date of Verified Transmission	OPTIONAL - Explanation and/or Additional Information		
<b>C A R R I E R</b>	<b>CARRIER'S PHYSICIAN'S RESPONSE (Level Two)</b>			
	Date of Verified Transmission	Name of Responsible Physician	Acceptance Signature	Denial Signature (Attach Criteria Utilized) If denied, a copy of this form must be faxed to the Labor Commission
<b>P A T I E N T</b>	<b>PATIENT'S ACKNOWLEDGEMENT OF RESPONSIBILITY IF PROCEDURE IS DENIED BY CARRIER</b> <b>I agree that I may become liable for the cost of the medical procedure if it is ultimately determined to not be compensable</b>			
	Date	Patient's Signature		

NOTICE TO CLAIMANT: If you are in disagreement with the carrier and cannot resolve your differences by talking with the carrier and/or your treating physician, you should then call the Labor Commission, Division of Industrial Accidents, for further instructions. 801-530-6800

CC: Claimant

Labor Commission

The use of Form 223 is governed by the Division of Industrial Accident's Rule R612-2-26, "Utilization Review Standards."

A treating physician may use Form 223 to request authorization for payment for a course of proposed treatment, including surgery, hospitalization or any diagnostic study beyond plain X-rays.

### **Levels of Review**

**Level I** The treating physician sends this form with the Provider Request portion completed, along with documentation for the requested procedure, to the payer of the claim. The payer is to notify the treating physician within five (5) business days of approval or denial of the request. The payer may use medical or non medical personnel at this level to make the decision to approve or deny the request. If the request is denied the payer must send the criteria used in making the decision to deny payment for the procedure requested.

**Level II** A physician who has been denied authorization for payment for treatment, or has received no response to the request within the five (5) days, may request physician review of the request by sending the completed portion of the request for physician review. The requesting physician is to include the days and times that he/she is available to discuss the case with a reviewing physician. The payer's physician reviewer must make a reasonable attempt to contact the treating physician regarding the payer's denial and must complete the review within five (5) business days of the treating physician's request for review. If the authorization for payment for the treatment is denied, the reviewing physician must send the criteria used to make the decision along with the name and specialty of the reviewing physician to the treating physician.

If the treating physician proceeds with the treatment without the approval of the payer and the treatment is a non emergency, the payer is liable for only 75% of the amount otherwise payable if the Labor Commission deems the treatment reasonable to treat the industrial injury. The 25% reduction does not apply if the treating physician receives authorization from the injured worker's health insurance plan.

For a complete text of the rule you may access the rule (R612-2-26) through the Labor Commission's Web site at [www.laborcommission.utah.gov](http://www.laborcommission.utah.gov).